

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10678816  
APPLICANT(S)

FILING DATE

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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21	1					
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36						
37						
38						
39	1					
40						
41						
42						
43						
44						
45						
46						
47						
48	1					
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

51						
52						
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58						
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61						
62	1					
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83	1					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						